

General

Title

Geriatrics: percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Rationale

It is essential that the patient's wishes regarding medical treatment established as much as possible prior to incapacity.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The National Hospice and Palliative Care Organization provides the Caring Connection Web site (www.caringinfo.org). This Web site provides resources and information on end-of-life care, including a national repository of state by state advance directives.

Advance directives are designed to respect patient's autonomy and determine his/her wishes about future life-sustaining medical treatment if unable to indicate wishes. Key interventions and treatment decisions to include in advance directives are: resuscitation procedures, mechanical respiration, chemotherapy, radiation therapy, dialysis, simple diagnostic tests, pain control, blood products, transfusions, and intentional deep sedation.

Oral statements

Conversations with relatives, friends, and clinicians are most common form; should be thoroughly documented in medical record for later reference.

Properly verified oral statements carry same ethical and legal weight as those recorded in writing.

Instructional advance directives (Do Not Resuscitate [DNR] orders, living wills)

Written instructions regarding the initiation, continuation, withholding, or withdrawal of particular forms of life-sustaining medical treatment.

May be revoked or altered at any time by the patient.

Clinicians who comply with such directives are provided legal immunity for such actions.

Durable power of attorney for health care or health care proxy

A written document that enables a capable person to appoint someone else to make future medical treatment choices for him or her in the event of decisional incapacity (American Geriatrics Society [AGS], 2006).

Evidence for Rationale

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement[®] (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

American Geriatrics Society (AGS). Geriatrics at your fingertips: palliative and end-of-life care. In: Reuben DB, Herr KA, Pacala JT, Pollock BG, Potter JF, Semla TP, editor(s). Online edition: Geriatrics at your fingertips. 8th ed. New York (NY): American Geriatrics Society (AGS); 2006-2007.

Primary Health Components

Geriatrics; advance care plan; surrogate decision maker

Denominator Description

All patients aged 65 years and older (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who have an advance care plan or surrogate decision maker documented in the medical record or

documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Assisted Living Facilities

Home Care

Hospices

Hospital Inpatient

Hospital Outpatient

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age greater than or equal to 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients aged 65 years and older

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Note:

Definition: Documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan: This documentation in the medical record could also include as appropriate that the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #2: advance care plan.

Measure Collection Name

Geriatrics Performance Measurement Set

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

American Geriatrics Society - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

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*The composition and affiliations of the work group members are listed as originally convened in 2007 and are not up to date.

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Apr 1

Measure Initiative(s)

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Jul

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2009 Jul. 40 p.

The measure developer reaffirmed the currency of this measure in February 2017.

Measure Availability

Source not available electronically.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

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Stewardship for this measure was transferred from the PCPI to the NCQA. NCQA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on October 12, 2015. The information was verified by the measure developer on November 18, 2015.

The information was reaffirmed by the measure developer on February 6, 2017.

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Production

Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

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